

What is a malignant melanoma?

A malignant melanoma is a cancerous tumour of the pigmented cells of the skin called melanocytes. These cells grow abnormally and produce change in a pre-existing mole or a new mole. Changes in size, colour, shape or sensation may be the first sign of a malignant melanoma but they may produce no symptoms.

What causes a malignant melanoma?

The cause of malignant melanoma is not fully understood but sun-exposure is known to be a contributing factor and they are more commonly seen in those with a fair skin. Some families have an inherited tendency to develop malignant melanoma and have many abnormal dysplastic moles.

How will the doctor know that a mole has developed into a malignant melanoma?

Malignant melanomas tend to have a characteristic clinical appearance. They are usually larger than 6mm in diameter, have an irregular edge, variable pigmentation and tend to have dark-brown or black pigment. The majority of patients will have noticed recent growth in the mole or development of a new mole.

What will happen if the doctor suspects a malignant melanoma?

Any suspicious moles will need to be removed surgically under local anaesthesia. The skin sample is then sent to a consultant pathologist for examination under a microscope. This examination takes up to 14 days to complete because the skin has to be specially embedded in paraffin wax and stained. Usually, the mole will be removed with a small margin of normal skin (1mm) and a *second surgical procedure* will be necessary if the malignant melanoma is confirmed by the pathologist.

What surgical treatment is recommended?

The most effective treatment for malignant melanoma is skin surgery. Early malignant melanoma can be safely treated with a 5mm margin measured around the edges of the abnormal mole. Deeper invasive melanoma requires a margin of 1cm to 2cm depending on the extent of invasion in the skin and site. In the majority of cases, this surgery can be carried out under local anaesthesia as a daycase procedure. Sometimes a skin flap or a skin graft may be required.

What happens after skin surgery?

The majority of people will be followed up in clinic for 3-5 years on a regular basis every few months. Patients with very early melanoma may be discharged from clinic.

How serious is a malignant melanoma?

Early non-invasive malignant melanoma is rarely life threatening and has an excellent prognosis. Complete cure is often possible with skin surgery. Invasive melanoma can sometimes spread to lymph glands or elsewhere. The risk of spread depends on the depth of invasion of the abnormal pigment cells in the skin. The doctor in clinic can advise you about the risk based on research studies that have been done. In some circumstances it may be difficult for you to take out life insurance for a mortgage.

What can I do to help my skin problem?

It is important to avoid sun exposure because it is well known that up to 10% of patients with one melanoma will develop another in the following 10 years. The best method of prevention of any type of skin cancer is to stay out of the sun and if you do need to go out, keep covered up with a wide brimmed hat, long-sleeved shirt or blouse and long trousers. Wear a high protection factor sunscreen on exposed skin. Many companies now make skin moisturisers with a factor SpF 15 or above and you may want to build this into your daily routine.

Other sources of information:

Cancer Research UK:

<http://www.cancerhelp.org.uk/type/melanoma/index.htm>

British Association of Dermatologists:

<http://www.bad.org.uk/site/842/Default.aspx>

New Zealand Dermatology Website:

<http://dermnetnz.org/lesions/melanoma.html>